

COMMENTARY

Health Between Two Universes: The Search for a Treatment Through the Umbanda

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ABSTRACT

Considering the restraints imposed by an exclusively bio-pharmacological approach to the health necessities of a population, religious practices can emerge as a potential alternative to some of the treatments offered by “official” health systems. For certain segments of the population, those seeking to heal both body and mind, a “spiritual cure” may be sought as a first choice for treatment. This article is based on ethnographic research carried out in a small Brazilian town, and – after underlining the complex relationship between religion and social structure in Brazil – aims to investigate the religious healing experience of the followers of an Umbanda center, where the pursuit of an altered state of consciousness plays a central role in rituals and practical routines. Through the mediation of entities that are not of the physical world but communicate through mediums, Umbanda followers seek respite from their afflictions, physical, mental, and spiritual, and try to achieve wellness or, at least, an improvement in their condition, in the sacred space of the *terreiro*. In this space, it is possible to speak, and be listened-to; to share fears, anxieties and difficulties; and to ask the supernatural for assistance, using the entities as precious allies and guides. Individual trajectories form a path connected to the collective, in an inseparable interrelation in which reinterpreted experiences become the link between individual and collective memory. This, in turn, provides the elements for the reconstitution and reproduction of the social body.

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The woman, sitting at the table located just inside the entrance to the house, calls aloud a name and number: "*Cabocla Jurema, 3!*" In response, a nineteen-year-old girl with long dark hair, a short black skirt, and an Amy Winehouse T-shirt, gets up from a chair situated in the third-to-last row of the small room, slowly crosses a space left free for her passage, and approaches the table. Standing, she presents a laminated piece of paper to the seated woman. On the paper, well-worn despite its protective plastic cover, are depicted the face of a native Brazilian woman, the name "Cabocla Jurema", and the number "3". The girl then takes off her *chinelos*, which are typical Brazilian flip-flops, and leans them against the pale blue wall, near the front door. Immediately, another woman, donned in a white coat, hands the girl an off-white cloth cloak to cover her shoulders before crossing a green and white painted wooden railing into the sacred space called *terreiro*, the threshold that separates the audience from the mediums. Eyes downcast in solemn respect, and with a sure-footed step typical of one well-practiced in this scenario, the girl stepped into the rectangular space where, arranged in a circle, pairs of people are standing and facing each other. For those who remained in the audience, sitting and waiting their turn, the scene is dominated by a large whitish wall, entirely covered with paintings and shelves packed with dozens of statues in myriad styles and colors, which represent saints, warriors, and beautiful female figures, looming in the background. A pungent aroma of incense, cigars, and herbs completely fills the space, invading people's nostrils, and the mesmerizing rhythm of tambours and conga drums (called *atabaques*) seems to pulse along with the

heartbeats. An unceasing whirlwind of visions, scents, sensations, and a multitude of stirrings reverberate throughout the room, pervading the ceiling, the walls, and every cubic inch of the space.

The girl stands in front of a woman who, with eyes half-closed, oscillates, moving gracefully in her white circular skirt. The woman's arms are crossed behind her back, her hands touching delicately, while her fingers snap and intertwine. The woman's rhythmic head movements make her swaying turban, and the long green feathers adorning it, hypnotic to watch. After a long minute, both women greet each other, touching their crossed arms several times with complete confidence in their gesture. Then, the girl lowers her eyes again and the woman begins speaking.

When in the *terreiro*, the turbaned woman is not solely a woman, but a spirit, a guide who is responding to requests for help and assistance from those who, at the entrance, have asked to speak with the spirit, the Cabocla Jurema, such as our 19-year old. At the same time, the woman with the turban is still a woman, even though this identity appears to be momentarily "suspended" as she channels the spirit. During the day, she is an accountant in a public office in the city. She has a 19-year old daughter with whom she has had difficulty communicating for some time. In fact, they hardly speak anymore, and she is worried that she and her daughter are growing apart. Her daughter, however, is not far away. She is the girl who has just approached her, seeking advice and solace from the Cabocla Jurema. But her mother is unaware, because she is in a trance, incorporating the spirit to which she belongs.

In order to immerse the reader into the field in which the reflections that construct this article were conceived, I decided to begin with an excerpt from the ethnographic diary that I kept over more than two years during my research in the heart of the State of São Paulo, Brazil. This work, carried out with Principal Investigator Massimiliano Minelli and two other colleagues, focused on the development of "unofficial" health practices and the construction of informal support networks in regions with limited access to health centers. Under such circumstances, spaces such as cultural centers, neighborhood associations, and spiritual and religious centers can become places in which collective health is produced, and is possible to study. Our research, which lasted for a total of three years, enabled us to regularly observe dozens of health professionals, and hundreds of patients and their family members, in both religious and secular circumstances. In that time we assembled a corpus of over seventy formal interviews, conducted only after building an ethical mutual relationship of trust with the community and its members.

The long duration of the ethnography allowed us to participate in many religious ceremonies, including at least three Umbanda *terreiros* and one Candomblé *terreiro*, first as mere observers and subsequently in a more active way, talking with mediums in a trance state, in other words talking with the spirits that communicate through them.

The scene described above, as well as many other very similar rituals—with different personnel and attendees—are held at least every Tuesday evening, 7:30 PM to 9:30 PM, at the "*Centro Espírita de Umbanda Pai J. and Cacique P.*" (to protect the identities of the subjects of this research, names of people, facilities, neighborhoods, cities, etc. have been changed). The Umbanda center is a one-story house surrounded by a pale green painted wall, located on a dimly lit street in the *bairro* (neighborhood) of *Águas dos Anjos*, in the town of A. within the State of São Paulo, Brazil. From the main bus station in São Paulo, the largest metropolis in Latin America, the town of A. is four hours northwest, down a generously wide highway that passes through the monotonous green of seemingly endless sugar cane. This small university city of about two hundred thousand inhabitants is also home

to several major textile and juice factories, and considered to be one of the most developed cities in the State of São Paulo and, therefore, of the whole of Brazil. Its "historic" center—in which very little history is left, since many old edifices were demolished to build new, mostly modern and, seemingly, functional ones—is dominated by a few dozen buildings that tower at fifteen or twenty stories, and whose silhouettes sometimes obscure the view of the Matriz Church, and its fresh coat of pale yellow paint.

A. is a flat city, and so it has developed, especially in the last thirty years, horizontally, with new neighborhoods springing up one after the other. The further one travels away from the city center, one gets the sense that the inhabitants of the small and spare single-family homes are teetering on the edge of poverty. Many of these homes were built quickly by the Brazilian government's "*Minha Casa, Minha Vida*" ("*My House, My Life*") public housing program, which was created in 2009 to provide affordable housing for the nation's poorest citizens, and to discourage the construction of more dangerous and less-organized residences. One of the most distant neighborhoods from the city center, located beyond the infamous residential complex officially (and ironically) called "*Jardim do Paraíso*", passed the long road surrounded by a new cemetery, is the *Águas dos Anjos* neighborhood. Here live, for the most part, low-income families who occupy modest homes built or renovated by the hands of the men who inhabit them. Many of these men work in the sugarcane fields or as laborers and unskilled workers, while women are often employed as maids in the homes of wealthier families, or as cleaning ladies for companies in the city center. They wake before dawn to catch limited public transportation, in order to reach their workplaces on time. Their daughters, if they are smart and with a bit of luck, may find work as shop assistants or hairdressers; in rarer cases, and if they can afford it, they might attend a technical upgrading course or enroll in one of the private universities in the area. Their sons must be careful to avoid the lure of "easy" money that can be obtained through drug trafficking drugs, such as crack, cocaine, or marijuana, or even worse, to become themselves consumers and addicts. The sons, too, if skilled and with a bit of good fortune, can build careers as mechanics, waiters, laborers, motoboys (motorcycle-riding delivery boys), or even obtain higher education (while there is no tuition to attend Brazil's public universities, the entrance exams are very challenging, and are typically beyond the reach of those educated in Brazil's public primary schools). The area's health center is not yet finished and does not offer even basic health services to the population. Real recreational spaces do not exist; instead residents use empty lots at the edge of the neighborhood, which is also the city limits. Once night falls, three bars and two mechanic's workshops provide the main sources of light, along with several public lampposts. The hospital, cinema, cultural center, and libraries are all located downtown, which is over an hour away by bus, if you count the average waiting time and the fact that, after sunset, fewer buses service this neighborhood than during the day.

Águas dos Anjos is a place in which people for the most part must feel "healthy"—physically, mentally, and spiritually—despite the complicating socio-economic conditions. Illness is a real problem in *Águas dos Anjos*, because most of the spaces designated for healing are far away, crowded, and with long wait times that are too burdensome for those with family waiting for them at home. Visiting the private health centers is not even considered. The private health centers are mainly used by those who can afford them. Additionally, a small survey of twenty-four public health workers who I collaborated with (nurse, psychologists, physicians, health area coordinators, etc.) confirmed the interesting, yet worrisome, fact that all of those healthcare workers enroll in private insurance and use the private health centers—despite being constituent members of the public health system, they have no trust in it. As a result, in such a neighborhood like *Águas dos Anjos* there is no other option than to "feel good", otherwise life there can become very complicated. And when everyday life gets tough, when stresses at home, at work, and on the street overpower dreams and hope, religion easily regains its power.

As Antonio Mendonça aptly explained, Brazilian society today is a “chaotic world” that both increasingly marginalizes the poor classes and disorganizes the middle class (Mendonça, 2008). In this context, the traditional religions, Catholicism, Candomblé, Umbanda, and, in a certain form, Spiritism/Kardecism, help to maintain a fixed, predictable, and more reassuring universe. For this reason, the sacred spaces of these religions serve as places to which people direct their attention and hopes.

Subject to intense turnover in the labor market, confined to neighborhoods of difficult access and lacking the most essential resources, this population sees itself compelled to mount strategies to articulate the low income with their basic needs, in order to ensure survival. One such strategy would be provided by the service offered by different religious cults which are, in a way, an alternative to poor public hospital network (Magnani, 2002).

One thing that is not lacking in *Águas dos Anjos*, and in many similar districts, are places in which people can turn to religion. Some seek a solution to their problems by relying on one of the four evangelical churches that have appeared throughout the area in the past few years. Others visit the “*Centro Espírita de Umbanda Pai J. and Cacique P.*” on Tuesday nights, where one can count on the presence of various mediums who are ready to channel spirit guides, and are able to listen, advise, and heal. In *Águas dos Anjos*, Umbanda is not just a religion—it’s a free community resource. Unlike the common practice among evangelical churches in the neighborhood to demand monetary contributions (which consequently applies psychological pressure on those who cannot afford or do not want to donate), such contributions are not a central element of the relationship between those who manage the *terreiros* and the visitors.

ILLNESS, FAITH, AND HEALTH

In Brazil, the social importance, and power, of religion—or rather, of religions—is strongly evident, especially among poorer populations. There are numerous anthropological studies that, starting from specific local situations and cases (cities, neighborhoods, *favelas*, churches, *terreiros*, etc.), try to reconstruct and analyze the many possible variations of the relationship between the search for the supernatural and the improvement of quality of life (Alves and Rabelo, 1998; Magnani, 2002; Pinezi and Jorge, 2014). The importance and effectiveness of these relationships—symbolic, yet very real, as Claude Lévi-Strauss masterfully illustrates (Lévi-Strauss, 1963)—contributes to the intense competition and, sometimes, clashes, that can develop between different religions. Hostility between different communities is most evident when discussing the practice of seeking cures through religious experience. These disagreements primarily originate from the neo-Pentecostal churches directed against the Afro-Brazilian religions, such as Candomblé and Umbanda, with whom, nevertheless, they share at least two important elements: the certainty that both religion and faith have great importance on the healing process and, more generally, on the way the devotee reflects on the categories of body, health and illness (Csordas, 2002); and the experience of trance as a privileged practice of ritual action.

Given the importance that evangelical and neo-Pentecostal movements have gained in Brazil in recent decades, involving millions of people across the country, there is no wonder that researchers have focused their attention on the development of some of these churches, such as the *Igreja Mundial do poder de Deus* (Alves and Lopes, 2013) and the *Igreja Universal* (Almeida, 2009). These studies have also focused on the direct relationship that many churches have built between faith and economic success (Oro, 2001), as well as on the therapeutic and religious practices that pastors carry out presenting the results of treatment to the faithful as “miracles” (Campos, 1997). In this time of political

and economic crisis, many Brazilians claim that the most lucrative business an individual can pursue is to open a new evangelical church in a poor urban neighborhood.

At the same time, as documented by many, the construction and multiplication of Catholic sanctuaries and places of worship (Mariz, 2002; Lanna, 2011), as well as an increase in attention towards popular saints (Braga, 2007), has occurred in recent years in the country. One such example is the state of São Paulo's Aparecida do Norte shrine, one of the largest basilicas in the world. To retain their followers and to confront the advance of neo-Pentecostal movements, the Catholic Church seems to have embraced (or returned to) the practice of exploiting the inexplicable. Thanks to the expanded visibility provided by social networks, we can find hundreds of testimonies from people who attribute their healing or improvement in their living conditions to providential divine intervention, rather than being due to health and social care policies and practices. Moreover, a Catholic Charismatic Renewal movement, which has been deeply explored by the anthropologist Thomas Csordas (Csordas, 1997; Csordas, 2002), has taken place in Brazil, and competes with evangelical churches by adopting ritual forms and practices that are often similar to those of the neo-Pentecostals, with which it also shares a strong ecumenical aim and an even stronger criticism towards afro-Brazilian religions (Mariz and Souza, 2015).

In contrast to the Catholic and neo-Pentecostal movements, the Afro-Brazilian religions do not receive a similar degree of public attention as places of worship, of therapy, and as healers of the faithful. This is consistent with the Brazilian historical tradition, in which a hierarchy between the highly visible, publicly performed, official religion—for a long time, Catholicism—and the "unofficial" has always existed (Berkenbrock, 2013). Despite this contrast, Afro-Brazilian places of worship have, over time, been able to establish themselves as areas dedicated to devotion and to the promotion of community health, particularly for those who live in the large and poor urban suburbs or in rural districts. *Terreiros*, which have spread all over the country, are the sites of this dual vocation.

Born in 1908 in the state of Rio de Janeiro (Martins, 2007), the Umbanda is a syncretic yet specifically Brazilian religion in which the living can communicate with supernatural entities, regarded as spirits of the dead. Umbanda incorporates elements from Candomblé, which maintains a stronger connection with the African tradition, from Spiritism, which comes from nineteenth century positivist France, from traditional Catholicism and from indigenous Brazilian religions. As a result, many Umbanda faithful, easily participate in worship belonging to each of these religious forms, mainly Candomblé, or Spiritism (Prandi, 2004). Acting through the mediums that channel them, the spirits descend from the astral plane to interact with humans in order to advise and help them. In this way, the spirits expiate their own sins, committed in life, and progress on their journey towards perfection. These benevolent spirits are called *guias* (guides) and establish with each medium a privileged relationship. The *terreiro* is the worship space in which most Umbanda religious ceremonies take place, though specific ceremonies are also held in nature, such as in forest clearings, near waterfalls, etc. For example, the great feast of *Iemanjá*, which is held on December 8th to celebrate Umbanda's most revered feminine *orixá* (spirit), is held on a beach. Each *terreiro* is normally managed by a *Pai* (Father) or a *Mãe* (Mother) *de Santo*, who channels the most important supernatural entity, called "*Guia Chefe da Casa*" (guiding Spirit of the house). The mediums associated with a *terreiro* may meet several times a week to create *correntes mediúnicas* (mediumistic chains) through which they strengthen ties with both the spiritual entities to which they are linked, and to each other. Of course, once a week so-called *trabalhos* (tasks) or *sessões de caridade* (charity sessions) are held. The purpose of these events is to provide "... assistance, [to] the audience formed by so-called *consulentes* (consultants), people looking for the *terreiro* to find the solution of their sufferings" (Pires, 2014).

The ritual relationship between those who go to Umbanda centers and the mediums/guides is facilitated by specific figures called *camponos*. Often dressed in white coats, like those used by doctors and nurses, these men and women are, in many cases, themselves mediums. However, they retain their consciousness during the sessions in order to mediate the communication between humans and non-humans, translating unclear sentences and writing "recipes" for therapeutic baths that the entities often prescribe. The spirits, in many cases, act like real doctors, though they treat illness with therapeutic tools, instead of drugs and tests. The spirits prescribe rituals, prayers, baths, and the lighting of candles, while the *camponos* play the analogous role of nurses and physician's assistants.

Terreiros have arisen as small and unexpected "clinics". Present in almost every neighborhood in Brazilian cities, they serve as places of therapy. While they are certainly not conventional, *terreiros* are nevertheless efficient, at least if we judge by the testimonies collected.

AN ETHNOGRAPHY OF HOPE AND HEALTH

One day, more provocatively than naively – and relying on the confidence previously established over months of ongoing research – I asked M., the girl described at the beginning of this article, whether she had ever realized that the medium channeling the spirit that she relied on to improve the quality of her life, was her very own mother, with whom she normally had difficulty talking. Confused, she replied that she had not understood the question. When I repeated the question, making sure that my Portuguese was intelligible, the answer was the same.

Now the dialogue - the interview – was blocked by a hindrance, a kind of threshold of sense that finds its perfect double in the real threshold crossed by the girl, taking off her *chinelos* and covering her shoulders as she leaves the space of the living to enter the sacred space of *orixás*. And we know that threshold is a temporary, transient, insecure - yet extremely powerful - space (Turner, 1982). If the researcher stops at the door, simply trying to imagine what happens, he/she will never ascertain what occurs beyond it. If he wants to discover what lays in the unknown, he/she must take a step and cross the threshold.

When I next asked the girl to describe her relationship with the spirit and to explain what drove her to go to the center every week to eagerly seek that contact, I received a response took almost twenty minutes to convey.

The hindrance was trespassed, because it was made for that purpose, to be overstepped.

“For a year I tried to do group therapy at the Mental Health Center, but I never arrived on time... I was attending a half hour, at the most, and I almost needed one hour to arrive, and equally to return... And then I did not speak anything, because when I arrived there was always some of those women – it was a group made up of only women - talking, talking, and talking... Always the same things: the husband who goes to bed with others, money, the neighbors... One of them spoke for three sessions of the driving license!!! I had depression, the doctor told me, what matters me someone else's driver's license? That woman has been crying for three weeks for a driver's license... She does not have a better reason to cry?”

M. told me that when she had discontinued therapy at the Mental Health Center, she had simultaneously begun taking a medication that was recommended by a friend. She said that she did not remember the name of the medicine. She also told me that the drug did not have the expected effect. On the contrary,

"[It] did not make me anything. I took it only because S., a friend of mine, gave me for free, because the tablets were advanced by her mother. Sometimes, indeed, it made me sick. I do not know if it was that drug - I think so - but perhaps this happened because I also took the birth control pill, and often the medicines for headaches... And then... [she laughs] the weekend... Well, maybe it was also because of alcohol, I believe... Now, however, I'm not taking anything, and I feel better."

M. was nineteen years old and grew up in *Águas dos Anjos*. The "*Centro Espirita de Umbanda Pai J. and Cacique P.*" or, more simply, the "*Centro*" as they call it here, has been a feature of the community for her whole life. Nevertheless, even though she regularly passed in front of the center several times per week, M. had never stopped by or even had a clear idea as to what took place inside. She had decided to discover for herself, and stepped in for the first time about one year before our interview.

"It was a neighbor, a friend of my grandmother, who brought me here the first time. I live two blocks from here (...) My dad was Umbandist, but left home when I was little girl. (...) My mother never asked me to come here, although she spends a lot of time here. I do not know why... maybe because we do not talk much... I do not know what she thought when she saw me here... but when I arrive early, and the ceremony has not started yet, we meet, we say hello..."

The difficult relationship with her mother is just one of the topics that M. tackles every Tuesday with the Cabocla Jurema, who in recent months has served the role of therapist.

*"I tell her everything. [...] Sometimes I sleep at my boyfriend's house. I know my mom does not like, but I do. So when I get home, the day after, we discuss hard. Sometimes I quarrel the night with my boyfriend and the next day with her. She did not even pronounce the name of R.! She acts as if he doesn't exist! (...) He is a boy born and raised here, he's like everyone here... Now he works as Motoboy... My mother raised me here, and does she think that in *Aguas dos Anjos* I meet a doctor to get engaged?"*

The cases that M. submits to her "therapist" are not only related to complicated interpersonal relations. Like many other people who frequent the center, she confides to the Cabocla Jurema her concerns about very specific health problems.

"Once I felt terrible... I thought that I'd die; a friend of mine says that I had an abortion, but I do not know, because I took the pill... I came here I was very bad... Cabocla Jurema made me take a bath with herbs ... rosemary, 'erva-doce', wormwood... I had to make an infusion and wash from the neck down, not the head, but from the shoulders down ... She prayed for me, I had a bath, I lit a candle and prayed... and the pain is gone. [...] Ask Dona N... Ask her daughter, about her... She had a gangrenous leg, came here with bandages, always, and she is fine now..."

Dona N. is a woman of about sixty years. Possessing a taciturn face that rarely smiles, I have not had many opportunities to talk with her and more often than not, the conversations that we did have were simple and friendly, accompanied by clichés. Nevertheless, N. is a good friend of M.A. the person who took me to the *terreiro* for the first time. M.A. too is a sixty-year-old woman, trained in psychology. For many years she owned and operated a small psychology clinic in the city center. When, within the span of a few months, her life was upset by the loss of three family members, she decided to leave the profession. A few months later, pushed by her partner, she opened a bar on one of the busiest streets of the city. At the same time, she began to assiduously attend the "*Centro Espirita de Umbanda Pai J. and Cacique P.*" where, quickly, she became friends with Dona N.

M.A. was the first to tell me the story of how Dona N.'s leg was healed, though the story was repeated to me several times by many regulars of the center. Actually, I had the opportunity to witness part of the evolution of her case myself. The image of Dona N. slowly entering the center helped by a friend, then sitting in the corner of the space reserved for the faithful, next to a container of water, in order to have enough space for her outstretched, injured leg, is still very present in my memory. After entering the sacred space occupied by *orixás*, Dona N. was then helped by one of the *cambonos*. The guiding spirit channeled by the *Mãe de santo* repeated, as she had done for many weeks, the same ritual, touching the woman's entire body with rapid and repetitive gestures as to wipe out suffering, then blowing smoke onto the injured leg and, finally, repeating words that I suppose – from my personal experiences speaking with *orixás* – were intimations not to lose hope on Umbanda and on the healing obtained through the Umbanda. About ten minutes later, Dona N. came out of the sacred space and went back to her plastic chair, the others looking at her in silence. This same ritual was repeated for many months. Then, one day, she was healed. A “surprise” that was hoped for by all.

Today, we can say that this example of healing is one of those features that has become emblematic of the entire group, a part of the "micro-mythology" that underpins the position, real and symbolic, of the *terreiro* within the greater social context in which it is placed. Nobody in *Águas dos Anjos*, man, woman, child, catholic, evangelic, atheist – even if he/she believes in the spiritual source of the cure – ignores the history of Dona N.'s leg. The moment Dona N. – mother, grandmother, neighbor, friend of many of the regulars of the center – healed, she became a concrete example of the resolution of a crisis that, as it happened to her, can touch anyone. The healing of Dona N.'s leg is, in this sense, a collective healing. It is the promise of a possible healing for all, thanks to the intercession of *orixás* and, specifically, of the guiding spirit of the house weekly present among humans through the body, voice, and movements of the *Mãe de Santo* who runs the center. No one in the center, among all the people with whom I shared this topic and talked about its evolution, at no time, has ever mentioned that Dona N. may have simultaneously undergone another type of treatment, even in the hospital in the city center. This question, from the point of view of young M. and the other regulars of the center and, perhaps, even of the same Dona N., was never asked. It is within the communitarian space – and, more specifically, within the sacred space of the *terreiro* – that thanks to the methodical and prolonged intervention of a supernatural entity, the crisis has been resolved, and the neighborhood has discovered and rediscovered a place, its own place, in which crises can find a solution and it is possible to construct health.

CONCLUSIONS

Both in the conception and in the practice of the Umbanda, the physical and mental manifestations of suffering are always connected with the spiritual plane. This is something that we must consider if we want to fully comprehend how episodes of healing, or the improvements brought about in living conditions, can be attributed to specific religious practices. The two levels, physical and spiritual, are closely related, each influencing the other. Therefore, from the point of view of those who seek help, it is "logical" to turn to faith and the Umbanda religious system for answers and support, which for various reasons (economic, logistical, social, and cultural) are difficult to get through the public healthcare system, and even more difficult to get through the private healthcare system. In the context of arduous daily life, in which issues of health and illness arise from, and at the same time complicate, a fragile and uncertain social situation, religious experience

“...provides the introduction of an order in chaos. And here is where lies a fundamental difference between the official medical practice and alternative practices, particularly those that

are linked to religious systems such as the Umbanda. While the former tends increasingly to specialization and technification - separating, splitting, categorizing - the latter provide an integrating principle (Magnani, 2002).”

In this “chaos” – both Mendonça and Magnani make use of this word – the *terreiro* becomes the privileged space where individuals seeking help are met with the real possibility, albeit supernatural, to receive it. As the *terreiro* connects more closely with these people, not just geographically but also symbolically and linguistically, than the official health centers do – where medical language often creates fears and barriers in those who seek care, especially amongst those coming from poor neighborhoods and who have scant education – the religious system, materialized in the *terreiro*, is able to provide a more adequate elaboration and organization of the experience of suffering, making a solution more plausible to the believers.

“Unlike the hospital, for example, the house of the *mãe de santo* – where the *terreiro*, the worship place, is located - is not distinguished from other buildings in the neighborhood: the material of construction, style, objects and household implements, the decor are the same as other neighborhood houses (Magnani, 2002).”

The *terreiro* therefore provides seekers a space and context that is perceived as very close to the intimate space of their own home, and is found in their neighborhood. This produces the conditions that allow these people of different ages – Dona N. might be the grandmother of M. – and with different problems and expectations, to sit next to each other, while waiting for their turn to speak with a guiding spirit in the hopes of finding a solution to their crisis. During this ritual waiting time, these people – often neighbors or even relatives – can observe and comment on (in a low voice, as one would in a church during Mass, getting as close as possible to each other) gestures, actions, and practices performed by the mediums, spirits, *camponos* or other “patients” who are already on the other side of the railing, within the “mediumistic chain”.

While these Umbanda believers observe ritual movements that they will soon in turn repeat, becoming sufficiently part of the magical and religious context in which they hope to find a cure to their suffering, the anthropologist can only observe the social importance of what Marcel Mauss calls “body techniques” (Mauss, 1936): a sick body reached by the smoke and smell of herbs and incense, the rhythmic sound of drums and chromatic, auditory, olfactory stirrings that provoke new and captivating sensations, without forgetting the spirits that are circulating inside the sacred space... The performative acts can end in the generation of profound metamorphosis: so profound that it can even change illness into health.

And if, in the cases presented, the power of faith and ritual has been sufficient to heal Dona N., M., and others, in other nearby locals, the relationship between various type of faith and health becomes even stronger and deeper. Consider, for example, the detailed description given by Sidney Greenfield (Greenfield, 2008) of surgeries performed by Brazilian healers, perhaps best described as physicians/wizards that operate on their patients guided, or possessed by, spirits. These are operations carried out in precarious conditions of hygiene, on non-anesthetized bodies, whose result, however, is “surprisingly” positive. More recently Cristina Rocha published the book “John of God: The Globalization of Brazilian Faithfulness.” Rocha’s work is a vivid report of the increasing worldwide popularity – and the consequent media coverage – of the Brazilian “psychic surgeon” and medium João de Deus (John of God), as well as an attempt to understand “the social and cultural forces that have made it possible for a healer from Brazil to become a global ‘guru’ in the twenty-first century (Rocha, 2017).”

To complete this overall picture and enhance our understanding, we should again consult Lévi-Strauss's reflection on the symbolic effectiveness of the context wherein actors, spectators, and scene build "ideal" conditions for believing in the solution of the crisis:

“First, the sorcerer's belief in the effectiveness of his techniques; second, the patient's or victim's belief in the sorcerer's power; and, finally, the faith and expectations of the group, which constantly acts as a sort of gravitational field within which the relationship between sorcerer and bewitched is located and defined (Lévi-Strauss, 1963).”

The religious healing activity that we are testimonial to is the result of a ritual, performative, *rhetorical* (Csordas, 1983; 1997) process that manages to achieve its objectives by first developing, and gradually gaining, the believer/patient's "predisposition" to healing.

While it is easy for those of us who look in from the outside to

“...purely and simply reduce the apparent absurdity of religious systems, witchcraft rituals and traditional therapeutic practices to neurotic behaviors (Laplantine 1978).”

Rather, we must observe and appreciate the social importance of the "unofficial" in contexts where, very often, the "official" does not arrive or arrives only in the form of repression, such as the excessive and indiscriminate violence on Brazil's impoverished citizens of which the Brazilian police are frequently accused, and results in thousands of victims and increases the feeling of social insecurity (Machado, 2002; Rocha, 2013).

By reconsidering how we view these unorthodox approaches to healthcare, we can help build a more complete, efficient, and rich collective health. And also, perhaps, a more honest one too.

A note from the author: Since I the author am Italian, I have been subjected during my youth to an "obvious", direct or indirect, influence of the Catholic religion. My experience with Umbanda religious practices has served - as well as a necessary tool of the anthropological work - as an important circumstance for self-reflection on spirituality, its forms, practices and many possibilities of development.

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